

CITY OF HOUSTON

Department of Finance & Administration

Class B – Annual Application for a Certificate of Registration for Solicitation of Funds for Charitable Purposes

Registration Fee _____ 20 _____
 Certificate Number _____

TO THE DIRECTOR OF FINANCE AND ADMINISTRATION, HOUSTON, TEXAS:

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A CERTIFICATE OF REGISTRATION TO ENGAGE IN THE SOLICITATION OF FUNDS FOR CHARITABLE PURPOSES WITHIN THE CITY OF HOUSTON UNDER ARTICLE IV OF CHAPTER 37 OF THE CODE OF ORDINANCES OF HOUSTON, TEXAS AND IN CONNECTION WITH SUCH APPLICATION MAKES THE FOLLOWING STATEMENTS AND REPRESENTATIONS:

1. The Full Name of the Person Registering (registrant) is: _____
2. The Registrant is an: (a) Individual (b) Partnership (c) Corporation of (d) Association (Circle One.) According to your answer in Question #2 above, complete one of the following:

A. INDIVIDUAL:

Business or residence address: _____
 (P.O. Box will not be accepted)

Business or residence telephone no: _____

B. IF PARTNERSHIP:

| Names of Partners | Business Address (P.O. Box Not Accepted) | Telephone No. |
|-------------------|---|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

C. CORPORATION:

Organized under Texas Law ____ Foreign Law ____ (Check One) According to your answer complete 1 or 2 below:

1) IF TEXAS CORPORATION:

Mailing Address: _____
 (P.O. Box will not be accepted)

Business Location: _____

Telephone No.: _____

Individual in charge of Houston office: _____

Names of Officers and Directors or Trustees: _____

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2) IF FOREIGN CORPORATION:

Mailing Address: _____
 (P. O. Box will not be accepted)

Location (if multi state) of Principal Headquarters: _____

(P.O. Box will not be accepted)

Mailing Address (if multi state) of Principal Headquarters: _____

Principal Local Business Address: _____

Principal Local Mailing address: _____

Principal Business Telephone No: _____

[illegible]

4. List the individuals authorized to incur expenses on behalf of the Registrant related to the solicitation or to disburse only proceeds of the solicitation.

[illegible]

5. State the name, mailing address and telephone number of each individual having organizational responsibility with respect of the solicitation of funds. If the number exceeds 20, List the 20 individuals with principal organizational responsibility with respect to the solicitation of funds.

[illegible]

(If additional space is necessary use a separate sheet)

6. The solicitation period will commence on or about: _____ 20____
Month day year
and conclude on or about _____ 20____
Month day year

7. Describe the methods and means that will be used to solicit funds: _____

8. The total amount of funds proposed to be collected is: \$ _____

9. Give a projected schedule of salaries, wages, fees, commissions, expenses, and costs that the registrant reasonably believes will be incurred and paid in connection with the solicitation of funds or in connection with their disbursement during the entire period in which solicitation is to be made.

[illegible]

10. List the name of other cities outside Harris County, Texas, in which funds have been solicited by registrant for charitable purposes within the last five years (If the number of cities exceeds five, registrant may list the five most populated cities in which it has solicited funds during the previous five years):

| | |
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| | |

11. The registrant hereby agrees and affirms that if a Certificate of Registration is granted, such Certificate will not be used as or represented to be an endorsement by the City or any of its officers or employees.

12. List any officer, director, trustee, partner, current agent or employee of the registrant planning to engage in the solicitation of funds who has been convicted of (or incarcerated for any conviction) or a felony or misdemeanor involving moral turpitude within the past seven years:

| | |
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13. If the registrant is unable to provide any of the information requested in items 1-12 above, please explain why the information is not available. _____

(Please Complete Reverse Side)

14. I prepared and have carefully read this Application for Certificate of Registration. I hereby swear or affirm that every statement made herein is true and correct and that I am authorized to sign this application on behalf of the registrant

Registrant

The registration statement must be signed: by the Registrant, if the Registrant is an individual; if the Registrant is a partnership, by the partner charged with disbursing the funds solicited; if the registrant is a corporation or an association, by its officer charged with disbursing the funds solicited.

STATE OF TEXAS **X**

COUNTY OF TEXAS **X**

BEFORE ME, the undersigned authority, on this day personally appeared _____
Who being by me first duly sworn, upon his oath stated that all of the information given above and all of the answers made to the forgoing questions are within the knowledge of Affiant and are true and correct.

WITNESS my hand and seal of office this the _____ day of _____ AD. _____

**NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS**

My Commission Expires: _____

PRINTED NAME OF NOTARY

Each Registrant shall file a preliminary closing statement no later than thirty (30) days from the expiration of its Certificate of Registration. It need not be sworn to and any amounts stated thereon may be estimated based upon whatever information is reasonably available to the Registrant at the time it is filed. A final closing statement shall be filed within the Department of Finance and Administration no later than one hundred and twenty (120) days from the expiration of the, Certificate of Registration.

Read and Acknowledged _____
APPLICANT